

Docket No.: 109362

DECLARATION AND POWER OF ATTORNEY UNDER 35 USC §371(e)(4) FOR PCT APPLICATION FOR UNITED STATES PATENT

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled: METHOD FOR GOLD DEPOSITION described and claimed in international application number PCT/IL99/00570 filed October 27, 1999.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed by me or my legal representatives or assigns within one year prior to my international application are hereby claimed:

Israel Patent Application No. 126776 filed October 27, 1998

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

- James A. Oehl, Reg. No. 27,075; William F. Berridge, Reg. No. 38,024; Kirk M. Hanson, Reg. No. 27,522; Thomas J. Parrini, Reg. No. 38,411; Edward F. Walker, Reg. No. 31,452; Robert A. Miller, Reg. No. 32,771; Marie A. Costanzo, Reg. No. 33,663; Stephen J. Roe, Reg. No. 34,463; Joel S. Armstrong, Reg. No. 36,430; Christopher W. Brown, Reg. No. 38,025; and Richard E. Rice, Reg. No. 31,560.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OELF & BERRIDGE, P.L.C. P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Form with fields for Typewritten Full Name of Sole or First Inventor, Inventor's Signature, Date of Signature, Residence, Citizenship, Post Office Address, and complete mailing address. Includes handwritten signature and date 9/7/01.

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE [X] (Discard this page in a sole inventor application)

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1 **Typewritten Full Name of Joint Inventor** _____
 Given Name: Yosy Middle Initial: _____ Family Name: EICHEN

2 **Inventor's Signature:** [Signature]

3 **Date of Signature:** _____
 Month: 9 Day: 13 Year: 81

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32922 Haifa
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1 **Typewritten Full Name of Joint Inventor** _____
 Given Name: Uri Middle Initial: S Family Name: SIVAN

2 **Inventor's Signature:** [Signature]

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105007 25705955

1 **Typewritten Full Name of Joint Inventor** _____
 Given Name: _____ Middle Initial: _____ Family Name: _____

2 **Inventor's Signature:** _____

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 Month: _____ Day: _____ Year: _____

Residence: _____
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Citizenship: _____

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 (Insert complete mailing address, including country) _____

1 **Typewritten Full Name of Joint Inventor** _____
 Given Name: _____ Middle Initial: _____ Family Name: _____

2 **Inventor's Signature:** _____

3 **Date of Signature:** _____
 Month: _____ Day: _____ Year: _____

Residence: _____
 City: _____ State or Province: _____ Country: _____

Citizenship: _____

Post Office Address: _____
 (Insert complete mailing address, including country) _____

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.